

Subject: Sue Buswell color copies

Date: Friday, January 25, 2013 10:09:58 AM MT (CA)

From: Buswell &lt;wheeze@mt.net&gt;

To: gina@allegrahelena.com <gina@allegrahelena.com>, Gina@allegrahelena.com  
<Gina@allegrahelena.com>EXHIBIT NO. 1DATE 1/25/13BILL NO. SB165

## PROGRAMS

## CONTACT BIORIDGE PHARMA

# EpiPen® (epinephrine) Auto-Injectors

## EpiPen4Schools™ Program



Welcome to the EpiPen® (epinephrine) Auto-Injectors EpiPen4Schools™ Program, offered by Mylan Specialty L.P., the distributor and marketer of EpiPen® (epinephrine) 0.3mg and EpiPen Jr® (epinephrine) 0.15mg Auto-Injectors.

The EpiPen4Schools program was created to allow qualified schools to obtain EpiPen Auto-Injectors at no-cost. This access is important because epinephrine is the only first-line treatment for life-threatening allergic reactions (anaphylaxis). According to food allergy guidelines developed by the National Institute of Allergy and Infectious Diseases, if experiencing anaphylaxis, a person should use an epinephrine auto-injector and seek immediate emergency medical attention. Carrying an epinephrine auto-injector does not prevent patients from having an anaphylactic reaction; hence, patients must remain vigilant of their environment at all times.

Each eligible school can receive up to four FREE EpiPen or EpiPen Jr Auto-Injectors in the form of two EpiPen 2-Pak® cartons, two EpiPen Jr 2-Pak® cartons, or one 2-Pak of each kind. Each EpiPen 2-Pak contains two single auto-injectors, instructions for use and a training device, with no drug product or needle, to help patients become familiar with the administration technique.

In addition to the EpiPen4Schools program, Mylan Specialty offers a discount program through which schools can purchase, upon qualification, EpiPen 2-Pak cartons (0.3 mg) and EpiPen Jr 2-Pak cartons (0.15 mg) at a discounted price of \$112.10 each.



## Indica

EpiPen®  
(epinephrine)  
Auto-Injectors  
are used to treat  
severe allergic  
reactions (anaphylaxis).  
EpiPen® Auto-Injectors  
are at the heart of  
the EpiPen®  
administration  
only. See  
after use.

## Import

EpiPen®  
epinephrine  
DO NOT  
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If you i  
serious





## Directions

Please follow the simple steps below to complete your EpiPen Auto-Injector order for FREE product and additional units (if applicable).

1. Download the order application form for up to four free EpiPen Auto-Injectors  
**[\[CLICK HERE\]](#)**
2. Download the order application form for additional EpiPen Auto-Injectors at the discounted price  
**[\[CLICK HERE\]](#)**
3. Fax the completed order form with a copy of a valid prescription to BioRidge Pharma, attn: Kristina Paich at 973-718-4328 or scan and email it to [info@bioridgepharma.com](mailto:info@bioridgepharma.com).

After you've completed the steps above, BioRidge Pharma will find a pharmacy near your school that is able to fill the prescription and forward a copy of your valid prescription to the pharmacy. All orders will be shipped directly to your school.

A school/school district will only receive EpiPen Auto-Injectors in accordance with all applicable laws. The school/school district must submit a valid prescription for EpiPen Auto-Injector(s) in order to qualify for this program. Mylan Specialty reserves the right to modify or discontinue the EpiPen4Schools and school discount programs at any time and without prior notice.

If you would like additional information or have any questions, please contact Bioridge Pharma Customer Service at 973-845-7600.

EpiPen®, EpiPen Jr®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty L.P. EpiPen4Schools™ is a trademark of Mylan Specialty L.P.

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**BIORIDGE PHARMA | 100 Campus Drive, Suite 300 Florham Park, NJ 07932**  
**Phone (973) 845-7600 | Fax (973) 718-4328**

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prescrip  
www.fcd

**CERTIFICATION FORM:**  
**Free EpiPen® Auto-Injector EpiPen4Schools™ Program**

The school and/or school district identified below (the "School") hereby acknowledges and agrees that the Free EpiPen® (epinephrine) Auto-Injector EpiPen4Schools™ Program made available by Mylan Specialty L.P. ("Mylan Specialty") to the School is because it is a school and is conditioned upon the undersigned making this certification to Mylan Specialty.

The School represents and warrants to Mylan Specialty that:

- (i) all of the information provided in this certification is true, complete and accurate;
- (ii) the School will only receive EpiPen® (epinephrine) 0.3mg and EpiPen Jr® (epinephrine) 0.15mg Auto-Injectors in accordance with all applicable laws for use by the School, and the School has presented a valid prescription for the product;
- (iii) the School is an entity whose primary purpose is education for students in grades K through 12 that is licensed as an educational facility under all applicable laws;
- (iv) the School shall make best efforts to provide appropriate product training to any School personnel who may administer an EpiPen® or EpiPen Jr® Auto-Injector;
- (v) the person signing this certification on behalf of the School has the requisite authority to make this certification on behalf of the School identified below;
- (vi) such EpiPen® Auto-Injectors received by the School shall be for its own use and the School shall not sell or transfer any such EpiPen® Auto-Injectors received pursuant to the Free EpiPen® Auto-Injector EpiPen4Schools™ Program to a non-school third party, unless the prior written approval of Mylan Specialty, in its sole discretion, is obtained; and
- (vii) any transfer of any quantity of EpiPen® Auto-Injectors received pursuant to the Free EpiPen® Auto-Injector EpiPen4Schools™ Program available to schools in violation of this certification will be considered a breach of this certification allowing Mylan Specialty to prohibit the School from receiving EpiPen® Auto-Injectors pursuant to the Free EpiPen® Auto-Injector EpiPen4Schools™ Program available to schools.

If the terms and conditions provided in this certification are amended, modified or altered in any way, it will be considered null and void.

School/School District Name:	
School Address:	
City/State/Zip:	
School Phone:	
Authorized School Signatory Name:	
Authorized School Signatory Title:	
Authorized School Signatory E-mail:	
Signature:	Date:

**Please input the number of EpiPen 2-Pak® and/or EpiPen Jr 2-Pak® units below.**

Authorized Schools are eligible to receive four EpiPen Auto-Injectors in the form of two EpiPen 2-Pak units; or two EpiPen Jr 2-Pak units; or one of each 2-Pak units.

Total quantity ordered must be no more than two 2-Paks.

Two FREE 2-Pak Units (4 Total EpiPen Auto-Injectors)	Quantity Ordered*	Price
EpiPen 2-Pak® Units		FREE
EpiPen Jr 2-Pak® Units		FREE
Total Quantity Ordered (*must be no more than two 2-Pak Units)		FREE

*\*Please note there are two auto-injectors per EpiPen 2-Pak or EpiPen Jr 2-Pak. Example: If you wish to order 2 EpiPen Auto-Injectors and 2 EpiPen Jr Auto-Injectors, put the number 1 in the Quantity Ordered box next to EpiPen 2-Pak and 1 in the Quantity Ordered box next to EpiPen Jr 2-Pak. If you wish to order 4 EpiPen Jr Auto-Injectors, put the number 2 in the Quantity Ordered box next to EpiPen Jr 2-Pak and 0 (zero) in the Quantity Ordered box next to EpiPen 2-Pak.*

**Please fax the completed Certification Form and a copy of a valid EpiPen Auto-Injector prescription to BioRidge Pharma, LLC**

Attn: Kristina Paich  
Fax: 973-718-4328 or e-mail scan to: [info@bioridgepharma.com](mailto:info@bioridgepharma.com)  
Phone: 973-845-7600

# How to use EpiPen® and EpiPen® Jr Auto-injectors.

Remove EpiPen® Auto-injector from carrier tube

1



- Hold firmly with orange tip pointing downward
- Remove blue safety release

2



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'
- Hold on thigh for several seconds



#### Built-in needle protection

- When the EpiPen® Auto-injector is removed, the orange needle cover automatically extends to cover the injection needle



*After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.*

For more information go to [www.EpiPen.ca](http://www.EpiPen.ca)

EpiPen® and EpiPen® Jr Auto-injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

This product may not be right for you. Always read and follow the product label.



© 2010 King Pharmaceuticals Canada, Inc.  
2915 Argentea Road, Suite 7, Mississauga, Ontario L5N 8G6  
Toll free 1-877-EPIPEN (1-877-374-7361) • Tel: 1-905-812-9911 • Fax: 1-905-812-9916  
EpiPen® is a registered trademark of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Dey Pharma, L.P. of Napa, California, USA.  
EPI-09-115B



**Emergency response at hand.**



Montana Association of School Nurses

**Sue Buswell. RN, MS, NCSN**

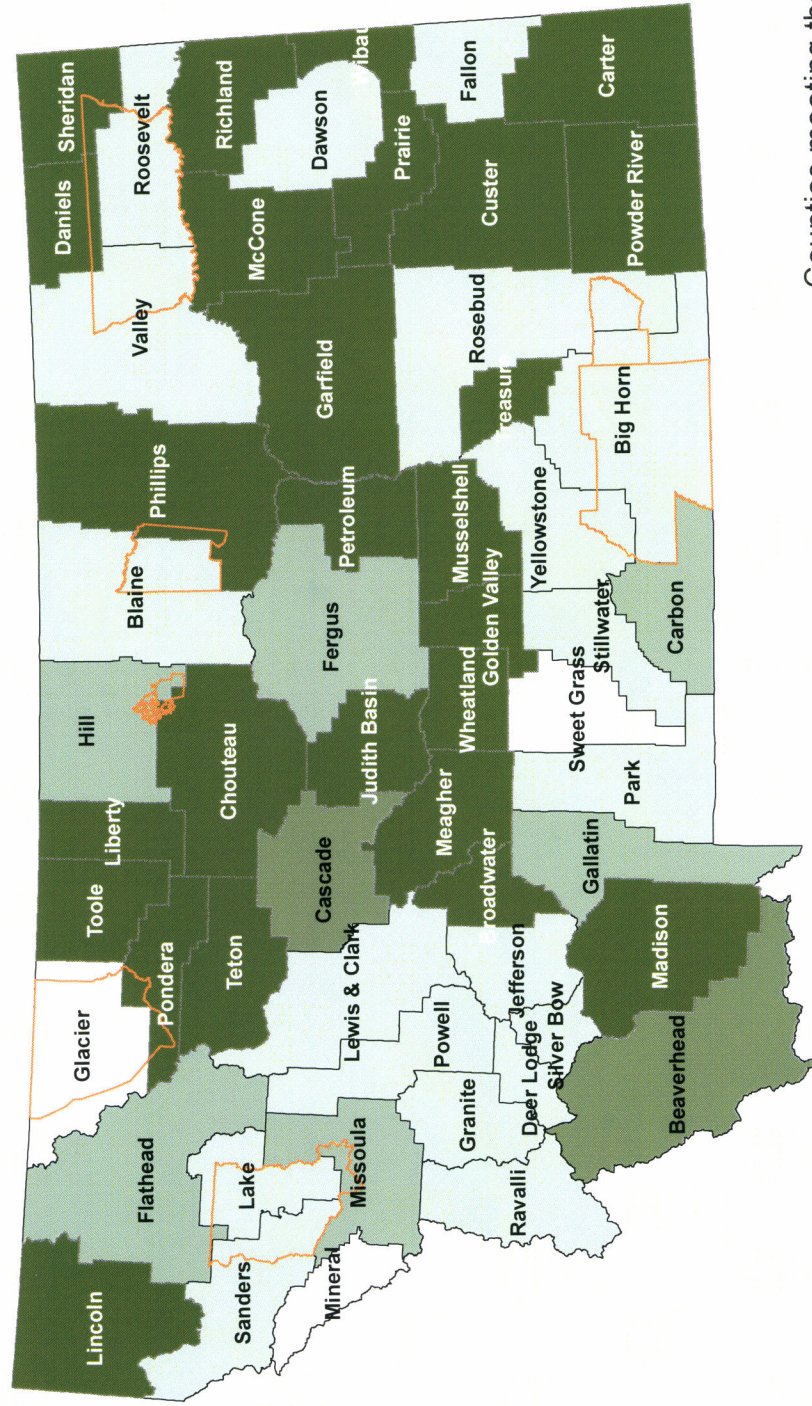
1425 Illinois Ave.  
Helena, MT 59601

406-443-5570  
sbuswell@helena.k12.mt.us

***Every Child Deserves a School Nurse***

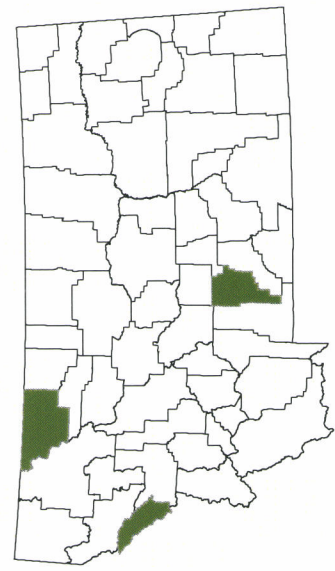


# School nurse to student ratio by county, 2012, Montana



98% of Montana students have no school nurse or have too few school nurses in their county

Counties meeting the national school nurse to student ratio standard, Montana



# Food Allergy Action Plan

## Emergency Care Plan

Place  
Student's  
Picture  
Here

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

Extremely reactive to the following foods: \_\_\_\_\_

### THEREFORE:

- ☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.  
☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

### Any SEVERE SYMPTOMS after suspected or known ingestion:

#### One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough  
HEART: Pale, blue, faint, weak pulse, dizzy, confused  
THROAT: Tight, hoarse, trouble breathing/swallowing  
MOUTH: Obstructive swelling (tongue and/or lips)  
SKIN: Many hives over body

#### Or **combination** of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)  
GUT: Vomiting, diarrhea, crampy pain



### 1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:
  - Antihistamine
  - Inhaler (bronchodilator) if asthma

\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

### MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth  
SKIN: A few hives around mouth/face, mild itch  
GUT: Mild nausea/discomfort



### 1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

### Medications/Doses

Epinephrine (brand and dose): \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

### Monitoring

**Stay with student; alert healthcare professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician/Healthcare Provider Signature \_\_\_\_\_

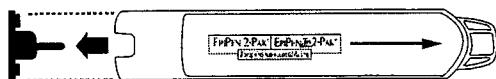
Date \_\_\_\_\_

TURN FORM OVER

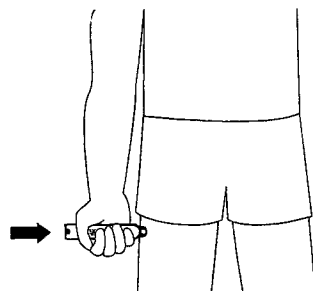
Form provided courtesy of the Food Allergy & Anaphylaxis Network ([www.foodallergy.org](http://www.foodallergy.org)) 9/2011

## EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

## Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

## Contacts

Call 911 (Rescue squad: ( ) - ) Doctor: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: ( ) -

Phone: ( ) -

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Phone: ( ) -

Phone: ( ) -



**CERTIFICATION FORM:  
Free EpiPen® Auto-Injector EpiPen4Schools™ Program**

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- (iv) the School shall make best efforts to provide appropriate product training to any School personnel who may administer an EpiPen® or EpiPen Jr® Auto-Injector;
- (v) the person signing this certification on behalf of the School has the requisite authority to make this certification on behalf of the School identified below;
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If the terms and conditions provided in this certification are amended, modified or altered in any way, it will be considered null and void.

School/School District Name:	
School Address:	
City/State/Zip:	
School Phone:	
Authorized School Signatory Name:	
Authorized School Signatory Title:	
Authorized School Signatory E-mail:	
Signature:	Date:

**Please input the number of EpiPen 2-Pak® and/or EpiPen Jr 2-Pak® units below.**

Authorized Schools are eligible to receive four EpiPen Auto-Injectors in the form of two EpiPen 2-Pak units; or two EpiPen Jr 2-Pak units; or one of each 2-Pak units.

Total quantity ordered must be no more than two 2-Paks.

Two FREE 2-Pak Units (4 Total EpiPen Auto-Injectors)	Quantity Ordered*	Price
EpiPen 2-Pak® Units		FREE
EpiPen Jr 2-Pak® Units		FREE
Total Quantity Ordered (*must be no more than two 2-Pak Units)		FREE

*\*Please note there are two auto-injectors per EpiPen 2-Pak or EpiPen Jr 2-Pak. Example: If you wish to order 2 EpiPen Auto-Injectors and 2 EpiPen Jr Auto-Injectors, put the number 1 in the Quantity Ordered box next to EpiPen 2-Pak and 1 in the Quantity Ordered box next to EpiPen Jr 2-Pak. If you wish to order 4 EpiPen Jr Auto-Injectors, put the number 2 in the Quantity Ordered box next to EpiPen Jr 2-Pak and 0 (zero) in the Quantity Ordered box next to EpiPen 2-Pak.*

**Please fax the completed Certification Form and a copy of a valid EpiPen Auto-Injector prescription to BioRidge Pharma, LLC**

Attn: Kristina Paich  
Fax: 973-718-4328 or e-mail scan to: [info@bioridgepharma.com](mailto:info@bioridgepharma.com)  
Phone: 973-845-7600

## Sample Training Program

### Teaching Plan Objectives

#### The learner will:

1. Identify (name) \_\_\_\_\_'s allergies.
2. Identify the signs and symptoms of an allergic reaction and anaphylaxis.
3. Be able to initiate treatment for an allergic reaction and specifically carry out an emergency allergy treatment plan.
4. Demonstrate how to use the EpiPen® or EpiPen® Jr. effectively as a treatment for an allergic reaction and anaphylaxis.
5. Understand the potential for cross-contamination of identified allergens.
6. Be able to communicate to students, caregivers, and other staff information about allergies and precautions.
7. Understand how Section 504 applies to students with allergies.

#### Methods of Delivery and Time Frame

The learner will complete the pre-assessment prior to the initial training session. At the initial training session, (student's name)'s and allergies will be identified, allergy kit supplies identified and explained, emergency allergy treatment plan discussed, and use of EpiPen® Jr. demonstrated. The learner will demonstrate knowledge of (student's name)'s and allergies, knowledge of location of allergy supplies, and proper use of EpiPen® Jr. Any questions will also be answered. The Allergy Training Kit will be given to the learner and a follow-up training session will be scheduled.

Estimated time of initial training session: 20 minutes.

At the follow-up training session, the learner will demonstrate knowledge of (student's name)'s and allergies, knowledge of location of allergy supplies, and proper use of EpiPen® Jr. In addition, the learner will demonstrate knowledge of anaphylaxis, cross-contamination, and Section 504 as it applies to the student with allergies. Knowledge will be demonstrated through use of EpiPen Jr.® Trainer, discussion, and completion of both the training assessment and post-assessment. Estimated time frame: 20–30 minutes.

#### Instructional Media

The Allergy Training Kit is contained in a briefcase-like plastic case with a handle. It contains the following instructional media:

#### EpiPen® Jr. Trainer

This is a duplicate of the actual EpiPen® Jr. used to treat allergic reactions and anaphylaxis. It does not contain a needle or epinephrine, and can be reset and used repeatedly for instruction and demonstration.

### **Videos**

1. It Only Takes One Bite: Food Allergy and Anaphylaxis Video
2. Alexander, The Elephant Who Couldn't Eat Peanuts Video

### **Books**

1. Getting Started with Food Allergies: A Guide for Parents
2. Just One Little Bite Can Hurt! Important Facts About Anaphylaxis
3. Off to School with Food Allergies, Parent/Teacher Set
4. Students with Food Allergies: What Do the Laws Say?
5. Nutrition Guide to Food Allergies
6. A Special Day at School
7. Andrew and Maya Learn About Food Allergies
8. Food Allergy Network Ordering Brochure
9. Miss Roben's Catalog

### **Printed References**

This is a collection of physician's orders, articles, resources, and Web sites from various sources including newspapers, magazines, and the World Wide Web. The Emergency Allergy Treatment Plan individual health plan/emergency health plan (IHP/ECP) is written by the student's LHCP and updated yearly. It is the actual treatment orders to be given to personnel such as emergency medical technicians or emergency room staff. A copy of the IHP/ECP is also kept with the medical kit, which contains the EpiPen® Jr. and Benadryl®.



## Sample LHCP Letter Regarding Unlicensed Staff Administering Emergency Medication at School

Dear: \_\_\_\_\_

Date: \_\_\_\_\_

The new Washington State *Guidelines for Care of Students with Anaphylaxis* (2009) includes current best practice information from recognized national authorities regarding anaphylaxis and administering epinephrine (see attached). Based on the attached information, the guidelines provide the following recommendations for Washington schools:

1. If a student, known to have anaphylaxis, has an exposure or a suspected exposure to an allergen, epinephrine is to be given immediately and the EMS (911) system activated.
2. If a LHCP orders the administration of an antihistamine and/or epinephrine, the R.N. may use the Scope of Practice Decision Tree to follow RCW 18.79, to determine if a non-licensed staff member may carry out the emergency care plan (ECP).
3. Address the unique circumstances for each student while retaining adherence to the scope of nursing practice.

Given the attached information and the above recommendations, the emergency procedure for this student when experiencing possible anaphylaxis will be to:

- |   |
|---|
| <ol style="list-style-type: none"><li>1. Administer Epinephrine</li><li>2. Call 911</li><li>3. Call Parent/Guardian</li></ol> |
|---|

Additional contributing circumstances:

1. In most situations non-licensed school staff (health clerks, secretaries, principals, teachers, coaches, bus drivers, etc.) will be the front line adults on site when the student has a contact to the specific allergen causing potential anaphylaxis.
2. Upon consulting with NCQAC staff, it was determined "waiting and watching" could require a degree of assessment requiring judgment beyond a non-licensed individual.
3. For the safety of the student, epinephrine will be administered immediately as ordered by the health care provider.

Thank you for your assistance in implementing this requirement. Please contact me if you have any questions.

Sincerely,

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Phone

Adapted with permission from ESD 105 SNC Program

The medical standard of care, written by AAAAI states, *"Epinephrine has long been regarded as the treatment of choice for acute anaphylaxis. This is true despite the recognition of its potential hazards. Alternative treatments - such as antihistamines, sublingual isoproterenol, inhaled epinephrine, and corticosteroids without epinephrine - have failed to prevent or relieve severe anaphylactic reactions. It is therefore inappropriate to use them for the first-line treatment or prevention of anaphylaxis."*

AAAAI Press Room, "Position Statement the Use of Epinephrine in the Treatment of Anaphylaxis." 2008, [http://www.aaaai.org/members/academy\\_statements/position\\_statements/ps26.asp](http://www.aaaai.org/members/academy_statements/position_statements/ps26.asp) accessed on October 30, 2008.

Additionally, in July 2008, the World Allergy Organization published the following statements,

Anaphylaxis is an acute and potentially lethal multisystem allergic reaction. Most consensus guidelines for the past 30 years have held that epinephrine is the drug of choice and the first drug that should be administered in acute anaphylaxis. Some state that properly administered epinephrine has no absolute contraindication in this clinical setting. A committee of anaphylaxis experts assembled by the World Allergy Organization has examined the evidence from the medical literature concerning the appropriate use of epinephrine for anaphylaxis. The committee strongly believes that epinephrine is currently underused and often dosed suboptimally to treat anaphylaxis, is underprescribed for potential future self-administration, that most of the reasons proposed to withhold its clinical use are flawed, and that the therapeutic benefits of epinephrine exceed the risk when given in appropriate intramuscular doses.

Based on available evidence, the benefit of using appropriate doses of intramuscular epinephrine in anaphylaxis far exceeds the risk.... Consensus opinion and anecdotal evidence recommend epinephrine administration sooner rather than later, that is, when the initial signs and symptoms of anaphylaxis occur, regardless of their severity, because fatalities in anaphylaxis usually result from delayed or inadequate administration of epinephrine. Experts may differ on how they define the clinical threshold by which they define and treat anaphylaxis. However, they have no disagreement whatsoever that appropriate doses of intramuscular epinephrine should be administered rapidly once that threshold is reached. There is no absolute contraindication to epinephrine administration in anaphylaxis, and all subsequent therapeutic interventions depend on the initial response to epinephrine.

AAAAI Board of Directors, "Position Statement Anaphylaxis in Schools and Other Child-Care Settings," 2008, [http://www.aaaai.org/media/resources/academy\\_statements/position\\_statements/ps34.asp](http://www.aaaai.org/media/resources/academy_statements/position_statements/ps34.asp), accessed on February 26, 2008.

# Breathe. It's the Law

State laws protect students diagnosed with asthma and anaphylaxis. They have the right to carry and if needed, use prescribed lifesaving medications at school. They should be taught from a young age to keep these medications nearby every day.

A growing number of states are strengthening anaphylaxis preparedness policies to protect students whose first severe reaction happens at school. Is your school ready? Are YOU ready?

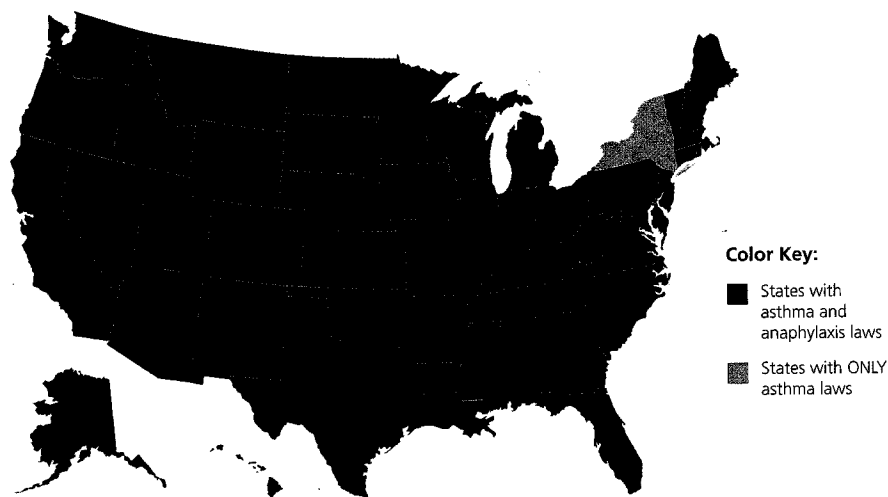
What would YOU do if suddenly responsible for a student whose lips and tongue are red and swelling?

Or when a student is covered in hives and gasping for air?

School policy and training programs should answer those questions before faced with the situations. You won't have time to run to the clinic and search for the student's health records. No time to second-guess the consequences of using another student's epinephrine auto-injector. No time to call 911 and the parents.

Allergy & Asthma Network Mothers of Asthmatics (AANMA) supports state laws requiring all schools to establish and enforce anaphylaxis preparedness programs

## States Protecting Student Rights to Carry and Self-Administer Prescribed Asthma and Anaphylaxis Medications As of 2012



consistent with the Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel.\*

AANMA encourages schools to stock emergency epinephrine auto-injectors. Check manufacturer websites for free and discount programs offered to schools that stock epinephrine auto-injectors for use in emergencies. ■

\*<http://www.niaid.nih.gov/topics/foodAllergy/clinical/Pages/default.aspx>

**Learn more. Do more. Get involved. Join AANMA's network of volunteers. Here's how:**

- Anaphylaxis Community Expert (ACE) Teams: [www.aanma.org/anaphylaxiscommunityexperts](http://www.aanma.org/anaphylaxiscommunityexperts)
- AANMA Outreach Service Coordinators: [www.aanma.org/about-aanma/osc](http://www.aanma.org/about-aanma/osc)
- AANMA Advocacy Network: [www.aanma.org/network](http://www.aanma.org/network)

### Resources

- Epi Everywhere! Every Day!™ School-Based Anaphylaxis Preparedness: [www.youtube.com/breatherville](http://www.youtube.com/breatherville)
- National Association of School Nurses: [www.nasn.org](http://www.nasn.org) or 866-627-6767
- American School Health Association: [www.asha.org](http://www.asha.org) or 800-638-8255
- National School Board Association: [www.nsba.org](http://www.nsba.org) or 703-838-6722





## Montana Association of School Nurses

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January 17, 2013

Dear Senator Honorable Jim Peterson, Chair, Senate Education Committee,

I am writing to you to ask for your support of Senate Bill 165-School Access to Epinephrine. As President of the Montana Association of School Nurses, I support this bill and feel it would be important legislative item to add for the safety of our students in school.

Life threatening allergies are one of the most common health issues that school nurses see in schools. As school nurses, we visit with families about what the allergy is, create a health care plans for the student, and annually train school teachers, administrators, and aids on how to use epinephrine pens. By creating a student specific plan and educating school staff we hope to prevent any major health consequences. Unfortunately there are 2 flaws to this current system. One, not every family, for whatever reason, provides the school with the needed health information and epinephrine for student safety. Two, anaphytic allergic reactions can occur for the first time at school.

While we hope that a severe allergic reaction would be identified and 911 called, this delay in access to life saving epinephrine could mean the difference of life and death for a student, especially in rural areas.

This Bill 165-would provide schools the opportunity to have emergency epinephrine on hand. Epinephrine is not a medication to be taken lightly. So in addition, this bill requires a plan from the school in how to train staff in the use of this valuable medication. Although I would prefer to have a school nurse in every school to deal with this situation, that is not the case. This bill would ensure that the school staff is properly trained to use this medication when a school nurse is not present to assist. Again, so critical in rural areas.

This Bill would not be required for schools but simply offers the opportunity for schools to have access and guidelines for their specific situation. There is no reason that I can think of not to support this bill.

If you ask any teacher that has been teaching more than 10 years what is one of the changes you have seen, they will reply the increase health needs of students in the school setting. This Bill provides the needed assurance that schools are doing their best to deal with this common health issue.

Thank you for your consideration and we hope that you will support Senate Bill 165 School Access to Epinephrine.

Rebecca Spear  
Montana Association School Nurse President Bozeman MT  
406-570-1942  
[beccakayspear@gmail.com](mailto:beccakayspear@gmail.com)



# St. Peter's Medical Group

2475 Broadway • Helena, Montana 59601 • (406) 457-4180 • [www.stpetes.org](http://www.stpetes.org)

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The Honorable Jim Peterson  
Chairman, Senate Education Committee  
Helena, Montana

January 22, 2013

Dear Senator Peterson,

My name is Summer Monforte and I am one of the Allergy physicians here in Helena, Montana. The school nurses have let me know about the planned upcoming discussion of SB165. That this bill would allow schools to have epinephrine available for general use should a student experience anaphylaxis and not have their own EpiPen available for use. I believe that this is extremely important bill and urge you to approve it for multiple reasons.

First and foremost, anaphylaxis is a life threatening condition which is becoming more and more common. If a person is experiencing anaphylaxis, only epinephrine will save their lives. Second, the more rapidly that epinephrine can be administered, the more likely it is to be effective. If too much time passes between the onset of symptoms and the administration of epinephrine, that dose may no longer be effective and the person can die of shock. I feel that this is particularly important in our rural state where access to emergency medical care may be delayed. Third, EpiPens are safe. Even if they are administered when they are not necessary, the side effects are minimal and there is no lasting harm done. This small risk is vastly outweighed by the benefit of having ready access to life-saving medication.

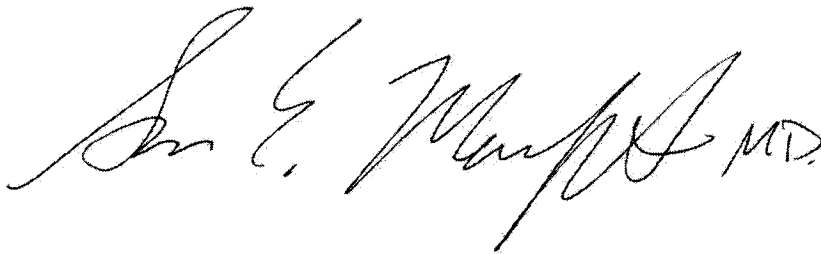
Ideally, any child at risk for anaphylaxis should have access to their own EpiPen, and their teachers should be aware of the risk in that particular child. However, there are several reasons why this may not occur. First, there is always a first time for anaphylaxis and it may be at school. A child ingesting a food for the first time or being stung by an insect at recess could bring on a completely unanticipated allergic reaction. Also, even if the child and their family are aware of the allergy, they frequently do not have their medication on them. This may be due to misplacing the medication, or not being able to afford it in the first place. These devices cost several hundred dollars and this is beyond the reach of many families. As these devices will be donated to the schools, you can keep these children safe and this cost will not be passed on to

the school district. Families may also be poorly informed about their child's allergy and believe that if the child's prior reaction(s) were mild, that their child is no longer at risk for anaphylaxis. This is untrue as we cannot predict the severity of a future reaction based on previous reactions.

As a pediatrician and an allergist, I have a particular passion for treating children with food allergy. The disease is becoming more prevalent, and hopefully increased awareness is the consequence. Please take this information into account when considering this bill and help me keep these children safe.

Thank you for your consideration, and please feel free to contact me at any time if there are questions that I can answer.

Sincerely,

A handwritten signature in cursive script, reading "Summer E. Monforte MD". The signature is fluid and stylized, with the letters "S", "E", and "M" being particularly prominent.

Summer E. Monforte MD  
Saint Peter's Hospital  
Department of Asthma, Allergy and Immunology  
2475 Broadway  
Helena, Montana 59601  
Office 406-442-0507  
Cell 303-803-5089





## Montana Association of School Nurses

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January 20, 2013

The Honorable Jim Peterson  
Chair, Education Committee  
Montana Senate

Dear Senator Peterson,

I am writing to garner your support for SB 165, The School Access to Emergency Epinephrine Bill.

This bill would allow schools to seek a prescription for injectable epinephrine, commonly known as an Epi-pen. The medication would then be available for use in an emergency anaphylactic episode occurring within the school.

The bill does not **require** schools to stock an Epi-pen. It does, however, provide the opportunity to do so. In addition, it specifies a process that offers safe and secure administration of epinephrine to a student experiencing anaphylaxis.

According to research conducted by Northwestern University and Children's Memorial Hospital of Chicago, nearly 6,000,000 children in the United States have food allergies. The number of students with this condition that we are seeing in Montana has increased dramatically since the 1990's. The cause of this increase is multi-faceted and often obscure, and preventive measures are still uncertain.

More than **15%** of school-aged children with food allergies have had an allergic reaction in school. Studies have shown that **25%** of epinephrine administrations in schools involve individuals with a previously unknown allergy.

Statistics suggest that **5%** of the total population is affected by food allergies. With 142,347 students in Montana Public Schools, we might expect to see more than **7,000** students who are at risk of anaphylaxis.

According to research conducted by the Montana Association of School Nurses in 2012, 26 of Montana's 56 counties do not have a school nurse. This includes Big Horn County. 98% of Montana students have no school nurse or too few school nurses to meet their needs.

SB 165 provides the opportunity for school staff members and administrators to be trained and to have the necessary equipment for appropriate emergency response. This peace of mind is especially important in rural schools that may be looking at a 15 to 45 minute wait before emergency responders arrive.

Sincerely,  
Sue Buswell, RN, MSN, NCSN  
Public Policy Director  
Montana Association of School Nurses

## Buswell

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**From:** Cheryl Asay <casay@manhattan.k12.mt.us>  
**Sent:** Monday, January 21, 2013 11:46 AM  
**To:** Jim Peterson  
**Cc:** 'Buswell'; Jim Notaro  
**Subject:** SB165  
**Attachments:** NASN Position Statement on Anaphylaxis Mgmt.pdf

To the Honorable Jim Peterson  
Senate Education Committee

Dear Mr. Peterson,

As the School Nurse for Manhattan Public Schools, I am writing to ask for your support for SB165. Anaphylaxis is a severe allergic reaction to allergens such as foods and insect stings. The symptoms have a rapid onset and may be fatal if not treated immediately. Food allergies have increased dramatically in school aged children and now affect 1 in every 25 students. This is an increase of 18% from 1997 to 2007.

Our current law allows previously diagnosed students to have anaphylaxis medication (also called an 'epi-pen') stored at their school and administered in an emergency by trained personnel. SB165 expands this law to allow schools to maintain a stock supply of 'epi-pens' for use in case of an anaphylactic emergency. The reason that this is necessary is for previously undiagnosed individuals who may have an anaphylactic reaction while at the school. This individual could be a student, adult employee or a guest of the school. Seventy five percent of peanut allergy reactions occur with a first time exposure!

The good news is that maintaining a supply of epi-pens will not cost a penny to school districts. One company who manufactures epi-pens will provide a free supply to a school district when provided with the prescription for the epi-pen.

Please give your support to SB165. This legislation has the potential to save lives! Thank you for your consideration.

Sincerely,

*Cheryl Asay, RN*  
*Pediatric Nurse Practitioner*  
*School Nurse*  
Manhattan Public Schools  
PO Box 425  
Manhattan, MT 59741  
(406) 284-6460 phone  
(406) 284-6853 fax



# St. Peter's Medical Group

2475 Broadway • Helena, Montana 59601 • (406) 457-4180 • [www.stpetes.org](http://www.stpetes.org)

January 24, 2013

The Honorable Jim Peterson  
Chair, Education Committee  
Montana Senate

Dear Senator Peterson,

I am writing in support of SB 165. This bill would provide access to epinephrine, a life saving medication used to treat anaphylaxis, in the event an anaphylactic episode were to occur in a Montana school.

Auto injectable epinephrine (Epi-Pen) is a life-saving drug that is an essential medication for many people with severe allergies. Anaphylaxis may occur from exposure to allergens such as food, insect venom, latex and medications, among other causes. Anaphylaxis has also occurred as a result of physical exercise, a condition known as exercise-induced anaphylaxis.

The bill does **not require** schools to stock an Epi-pen. It does, however, provide the opportunity to do so. In addition, it specifies a process that offers safe and secure administration of epinephrine to a student experiencing anaphylaxis.

Several of my school-age patients normally carry and are able to self-administer an Epi-pen. However, the medication is not always available on their person. For example, sometimes a child may forget to pack an Epi-pen, lose it or put it in a backpack which is kept in a locker or a car. Furthermore, parents may feel that they cannot afford to buy a back-up Epi-pen to be kept at school with their student. Because of the uncertainty of a student having the medication in the right place at the right time, under this bill, Montana schools are empowered to acquire and administer a back-up Epi Pen for a student who does not have his or her personal Epi-Pen available.

Here are a few statistics that underscore the importance of schools having a back-up Epi Pen available to their students:

More than **15%** of school-aged children with food allergies have had an allergic reaction in school. Studies have shown that **25%** of epinephrine administrations in schools involve individuals with a previously unknown allergy.

**5%** of the school-aged population is affected by food allergies. With 142,347 students in Montana Public Schools, we could potentially have more than **7,000** students who are at risk of anaphylaxis in the state.

Epinephrine is generally a very safe medication to administer to both children and adults and is usually life saving for anaphylaxis. For the above reasons, I strongly support passage of SB 165.

Sincerely,

Richard S. Buswell M.D., Fellow,AAAAI  
Board Certified in Asthma, Allergy, and Immunology  
St. Peter's Medical Group, Helena, MT



**Buswell**

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**Subject:** FW: epi pen legislation

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**From:** [cjohnson@stevensville.k12.mt.us](mailto:cjohnson@stevensville.k12.mt.us) [mailto:[cjohnson@stevensville.k12.mt.us](mailto:cjohnson@stevensville.k12.mt.us)]

**Sent:** Monday, January 21, 2013 8:48 AM

**To:** [jimpetersonranch@gmail.com](mailto:jimpetersonranch@gmail.com)

**Cc:** Richard S. Buswell

**Subject:** epi pen legislation

Good Morning Jim,

I am a school nurse in Stevensville, and am writing to voice my support for the new epi pen legislation. This is not a moment too soon as we are revising our policies and procedures for the use of emergency medications in school, and there is an obvious gap between the need and the law. Currently there is law that provides students with asthma or allergies to self-carry their medications and keep back up medication at the school. However, there is no clear law that allows schools to have stock epinephrine for students/staff in the event of a new onset anaphylactic reaction.

As you know, when an anaphylactic reaction occurs it is not feasible to delay treatment. The use of epinephrine immediately is imperative to the survival of the person in crisis. If you consider the rural location of many schools in the state, and the possible delayed response time of the volunteer EMS, it is even more important for us to have access to emergency medication in the school setting so we can treat these life threatening symptoms immediately.

I have given epinephrine for emergency treatment of anaphylaxis at school. It was a crisis situation, and all procedures were followed as designed, and the young lady survived without lasting disabilities. I can't imagine what could have happened had she not received the initial treatment immediately.

I see no logical reasons why this legislation should not be passed directly.

Thank you for your consideration.

Gonnie Johnson R.N.

Stevensville School Nurse

777-5481 ext 333

[cjohnson@stevensville.k12.mt.us](mailto:cjohnson@stevensville.k12.mt.us)

**Buswell**

**Subject:**

FW: epi pen legislation

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**From:** [cjohnson@stevensville.k12.mt.us](mailto:cjohnson@stevensville.k12.mt.us) [mailto:[cjohnson@stevensville.k12.mt.us](mailto:cjohnson@stevensville.k12.mt.us)]

**Sent:** Monday, January 21, 2013 8:48 AM

**To:** [jimpetersonranch@gmail.com](mailto:jimpetersonranch@gmail.com)

**Cc:** Richard S. Buswell

**Subject:** epi pen legislation

Good Morning Jim,

I am a School nurse in Stevensville, and am writing to voice my support for the new epi pen legislation. This is not a moment too soon as we are revising our policies and procedures for the use of emergency medications in school, and there is an obvious gap between the need and the law. Currently, there is no law that provides students with asthma or allergies as well as other medications and keep back up medication at the school. However, there is no law that allows schools to have stock epinephrine for students/staff in the event of an anaphylactic emergency reaction.

As you know, anaphylactic reactions can occur very quickly and are capable to delay treatment. This is a life threatening condition and delay is imperative to the survival of the person involved. I had a similar incident at a location of many schools in the state, and the possible delayed response time and without Epi, it proved more important for us to have access to emergency medication at the school so that we can treat these life threatening symptoms immediately.

I have given children the medication in the past at our private school. It was a crisis situation, and an incident involving a food allergy, and the young lady survived without lasting damage. I can imagine what could have happened had she not received the initial treatment immediately.

I see no logical reasons why this legislation should not be passed directly.

Thank you for your consideration.

Cynthia Johnson, RN  
Stevensville School Nurse  
777-5481 ext 333  
[cjohnson@stevensville.k12.mt.us](mailto:cjohnson@stevensville.k12.mt.us)

## Buswell

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**From:** Spangler, Karen <SpanglerK@wfps.k12.mt.us>  
**Sent:** Tuesday, January 22, 2013 11:42 AM  
**To:** jimpetersonranch@gmail.com  
**Cc:** wheeze@mt.net  
**Subject:** SB165

To the Honorable Jim Peterson:

The Montana school nurses hope that you will support SB165 which address the emergency use of epinephrine in a school setting. Because not each school in the state of Montana has a nurse on site for the entire school day, the potential for a severe allergic reaction becomes more complicated in regard to the administration of epinephrine. The new section drafted for the bill allows for not only the school nurse, but also unlicensed, trained authorized personnel to inject epinephrine as needed for an actual or perceived anaphylaxis. The bill fully addresses the issues of authorization to administer, training, storage, and liability. Passage of SB165 will enhance the safety of the school environment.

Sincerely,  
Karen C. Spangler RN  
Whitefish School District 44 Nurse

## Buswell

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**From:** Mike Nicosia <[mnicosia@sd6.k12.mt.us](mailto:mnicosia@sd6.k12.mt.us)>  
**Sent:** Tuesday, January 22, 2013 11:11 AM  
**To:** [jimpetersonranch@gmail.com](mailto:jimpetersonranch@gmail.com)  
**Cc:** [wheeze@mt.net](mailto:wheeze@mt.net)  
**Subject:** SB 165

Senator Peterson,

Just a quick note to let you know that Columbia Falls School District Six is in full support of SB 165 (Epinephrine pen legislation). Mike Nicosia

Dr. Michael Nicosia, Superintendent  
Columbia Falls School District Six  
P.O. Box 1259  
Columbia Falls, MT 59912

*Phone:* (406) 892-6550, Ext. 422

*Fax:* (406) 892-6552

*E-Mail:* [mnicosia@sd6.k12.mt.us](mailto:mnicosia@sd6.k12.mt.us)  
[nicosia@digisys.net](mailto:nicosia@digisys.net)